



## ADD/MODIFY/DELETE USER APPLICATION FORM

(Referring or Reviewing Clinics)

ADD ☐

DELETE ☐

MODIFY ☐

USER INFORMATION	
Name (Last, First Middle)	Phone/Extension
Site (Facility)	Service Provider (Organization)
E-mail address	Employee Number
Site(s) where employee works	
Clinical Activities where the employee works or for which they are responsible (use an additional sheet if necessary): _____ _____ _____ _____	
ROLE(s) REQUESTED (please check all that apply)	
Check (✓) Here	Role
<input type="checkbox"/>	Referral Creator
<input type="checkbox"/>	Referral Creator - Basic
<input type="checkbox"/>	Appointment Assistant
<input type="checkbox"/>	Clinic Reviewer - Basic
<input type="checkbox"/>	Clinic Reviewer
<input type="checkbox"/>	Clinic Activity Administrator
What reports would you like this employee to have? (Check "✓" one)	
<input type="checkbox"/>	Clinical Activity only
<input type="checkbox"/>	All reports for the site
SIGNATURES	
User Signature _____ Date _____	Requesting Supervisor Signature _____ Date _____
Site Administrator Review Signature _____ Date _____	Phone Number/Extension (Site Administrator) _____
Trainer Signature _____ Date _____	This certifies the above user was trained on _____ for the Referral Processing System Application.
For Data Input Use Only	
Date Received: _____	Date Processed: _____
Processed By: _____	

Go to the following link to retrieve this form: <https://rps.ladhs.org>